

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1														
2		1						51							
3		2						52							
4		3						53							
5		4						54							
6		5						55							
7		6						56							
8		7						57							
9		8						58							
10		9						59							
11		10						60							
12		11						61							
13		12						62							
14		13						63							
15		14						64							
16		15						65							
17		16						66							
18		17						67							
19		18						68							
20		19						69							
21	1	20						70							
22		21						71							
23		22						72							
24		23						73							
25		24						74							
26		25						75							
27		26						76							
28		27						77							
29		28						78							
30		29						79							
31		30						80							
32		31						81							
33		32						82							
34		33						83							
35		34						84							
36		35						85							
37		36						86							
38		37						87							
39		38						88							
40		39						89							
41		40						90							
42		41						91							
43		42						92							
44		43						93							
45		44						94							
46		45						95							
47		46						96							
48		47						97							
49		48						98							
50		49						99							
		50						100							
TOTAL IND.	2							TOTAL IND.							
TOTAL DEP.	34							TOTAL DEP.							
TOTAL CLAIMS	36							TOTAL CLAIMS							